

Focus . . . Acknowledgment of Paternity in Missouri

The question of paternity has become more important as the proportion of births born out-of-wedlock has increased so that nearly one-third of all births are born to unmarried parents. Figure 1 indicates the trend in births by marital status. The association of non-marital childbearing with welfare dependence and childhood poverty (Coley & Chase-Lansdale, 1998) has led to increased efforts by federal and state agencies to establish paternity and child support obligations for children born to unmarried parents.

In response to a request from the Division of Child Support Enforcement, in November 1995 a new item was added to the Missouri live birth file concerning paternity affidavits. This item indicates whether a paternity affidavit has been filed for each out-of-wedlock birth and how the affidavit was completed (in the hospital, by parents, by Department of Social Services staff, etc.). Prior to the addition of this item, paternity was measured for a child born to unmarried parents by the presence of a father's name on the child's birth certificate.

Since 1980 the percent of non-marital births with an acknowledgment of paternity has increased from a negligible one percent to nearly fifty percent (Figure 2). Although paternity acknowledgments increased throughout the 1980s, federal directives concerning paternity establishment and child support enforcement fueled the rise from 16 percent of unmarried births in 1989 to 49 percent in 1997. Current federal law (Personal Responsibility and Work Opportunity Reconciliation Act of 1996) requires a simple process for voluntarily establishing paternity including a hospital-based program. It

further requires the state agency responsible for maintaining birth records to offer voluntary paternity establishment services. The current statute also penalizes recipients of public assistance if they fail to cooperate in the establishment of paternity for children born out of wedlock.

Three-fourths of paternity affidavits are completed through the hospital of delivery as is indicated in Table 1. Paternity may also be established through the Department of Social Services staff, the parents themselves, or through a court order.

Paternity acknowledgments have increased across all education, race, and age groups. Nevertheless, paternity acknowledgments vary by education, race, and age of the mother. Table 2 presents the variation across selected demographic categories. As Table 2 indicates, the higher the education level of the mother, the greater the proportion of out-of-wedlock births with paternity acknowledgments. This pattern is consistent across all time periods. Differences by race increased during the 1990s. An acknowledgment of

paternity was completed for the majority of births to unmarried white mothers. Paternity was established for less than a third of the births to unmarried African-American mothers. By age, paternity acknowledgment patterns are less distinct with the exception that births to unmarried minor females (under 18) have the lowest rates of paternity acknowledgment.

Births to Medicaid recipients have a lower rate of paternity acknowledgment than do births to women not receiving Medicaid. Given the lower rate of paternity acknowledgment among Medicaid recipients and African-Americans, it is not too surprising that metropolitan areas show a lower rate of paternity establishment than do non-metropolitan areas since metro areas have higher concentrations of African-

Americans and Medicaid recipients. First-born births have the highest rate of paternity acknowledgment with third or later born showing the fewest paternity acknowledgments.

Births to women with inadequate prenatal care have lower rates of paternity acknowledgment than do births to women with adequate care. Births with poor outcomes such as low birth weight and infant death also show

considerably lower rates of paternity acknowledgment than do births with better outcomes. The pattern remains consistent after adjusting for race. Table 3 illustrates the difference by prenatal care and birth outcome.

In Table 4, measures such as inadequate prenatal care, low birth weight and infant mortality are examined by marital/paternity status and by race. Unmarried women with births having a paternity acknowledgment have better outcomes (lower rates of inadequate care, low birth weight and infant mortality) than unmarried women without a paternity acknowledgment regardless of race. Overall, the best outcomes are observed for married women except for black infant mortality which is lowest for not married with paternity. The highest infant death rate is among out-of-wedlock births without a paternity acknowledgment. It is not too surprising that death rates are higher among births without paternity as death may negate any compelling reason for acknowledging paternity.

In conclusion, the proportion of out-of-wedlock births has increased to nearly one

third of all births amid increasing concern about the relationship between non-marital childbearing and welfare dependence and childhood poverty. In recent years federal and state agencies have increased paternity establishment and child support enforcement efforts as a means of ameliorating the public cost of this trend. Consequently, the percent of out-of-wedlock births with established paternity is approaching fifty percent and comprises over half of the births in certain demographic groups (whites, non-Medicaid, non-metro, 13 or more years of education). The absence of a supportive environment may be suggested by the lower rate of paternity establishment among women with inadequate prenatal care and women who give birth to infants with low birth weight or to infants who die before their first birthday. In addition births to unmarried women with an acknowledgment of paternity also have higher rates of adequate prenatal care, higher birth weights and lower infant death rates than do births without paternity irrespective of race.

References:

1. Coley, R. L., and Chase-Lansdale, P. L. (1998). "Adolescent Pregnancy and Parenthood: Recent Evidence and Future Directions", *American Psychologist*, 53:152-166.
2. U.S. House of Representatives. (1996). Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (Conference Report H.R. 3734, Report No. 104-725). Washington, DC: U.S. Government Printing Office.

Figure 1

Percent of Missouri Resident Births to Not Married Women: Missouri 1980-1997



Table 1
Paternity Affidavit by Means of Completion
Missouri Residents 1995-1997

<i>Means of Completion</i>	<i>Number</i>	<i>Percent</i>
In hospital	20,825	74.5
Through parents	3,009	10.8
Through child support staff	2,809	10.0
Through court order	1,312	4.7
Total Paternity Affidavits	27,955	100.0

Table 2

Paternity Acknowledgments* by Selected Characteristics
Missouri Residents 1995-1997

Percent
Paternity
Acknowledged

Number

Education

0-8	1,176	37.4
9-11	10,487	42.3
12	13,985	48.8
13 or more	7,773	53.4

Race

White	25,526	56.5
African-American	7,659	29.7

Age

<15	116	20.9
15-17	4,053	42.1
18-19	6,887	48.8
20-24	12,527	47.7
25-29	5,725	47.3
30-34	2,855	45.5
35-39	1,252	44.5
40 and older	250	46.2

Medicaid

Medicaid	24,604	44.7
Non-Medicaid	8,096	52.6

Area of Residence

Metropolitan	22,775	43.1
Non-metropolitan	10,891	55.8

Parity

First Child	18,593	50.5
Second Child	8,405	46.6
Third or Later Child	6,668	38.2
Total	33,666	

*Paternity Acknowledgments as indicated by paternity affidavit or father's name on birth certificate.

Table 3
Paternity Acknowledgments* by Selected
Medical Characteristics
Missouri Resident Out-of-Wedlock Births 1995-1997

Percent with
Paternity

Number

Prenatal Care

Inadequate	5,456	33.5
Adequate	27,031	51.4

Birth Weight

Low Birth Weight	3,045	38.8
Not Low Birth Weight	30,621	47.5

Infant Mortality

Infant Deaths	221	26.7
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*Paternity Acknowledgment as indicated by paternity affidavit or father's name on birth certificate.

Figure 2

Percent of Paternity for Out-of-Wedlock Births: Missouri Resident Births 1980-1997

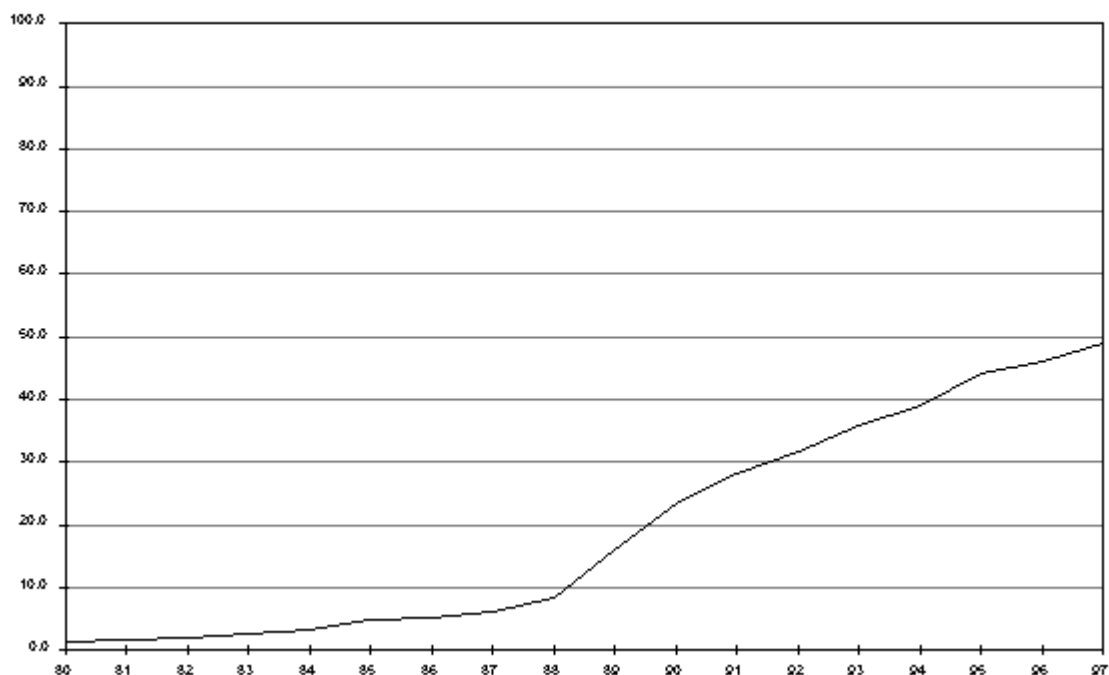


Table 4

Inadequate Prenatal Care, Low Birth Weight and Infant Mortality by Marital /Paternity Status by Race: Missouri Residents Births 1995-1997

Inadequate Prenatal Care

<i>Marital/ Paternity Status</i>	<i>All Races</i>		<i>White</i>		<i>African American</i>	
	<i>Number</i>	<i>Percent</i>	<i>Number</i>	<i>Percent</i>	<i>Number</i>	<i>Percent</i>
Total	25,518	11.9	16,584	9.3	8,203	26.6
Married	9,219	6.4	8,044	6.0	818	11.9
Not Married						
With Paternity	5,456	16.8	3,813	15.3	1,532	21.3
Without Paternity	10,812	29.8	4,698	25.0	5,852	34.9

Low Birth Weight

<i>All Races</i>	<i>White</i>	<i>African-American</i>
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Marital/

Paternity

<i>Status</i>	<i>Number</i>	<i>Percent</i>	<i>Number</i>	<i>Percent</i>	<i>Number</i>	<i>Percent</i>
Total	16,805	7.6	11,970	6.6	4,465	13.5
Married	8,934	6.0	7,927	5.8	771	10.6
Not Married						
With Paternity	3,045	9.0	2,057	8.1	946	12.4
Without Paternity	4,807	12.4	1,970	10.0	2,745	15.1

Infant Mortality

Marital/

Paternity

<i>Status</i>	<i>All Races</i>		<i>White</i>		<i>African-American</i>	
	<i>Number</i>	<i>Rate</i>	<i>Number</i>	<i>Rate</i>	<i>Number</i>	<i>Rate</i>
Total	1,627	7.4	1,110	6.1	476	14.4
Married	798	5.4	688	5.0	87	11.6
Not Married						
With Paternity	221	6.6	164	6.4	56	7.3
Without Paternity	606	15.7	257	13.1	336	18.5

Provisional Vital Statistics for March 1998

Live births increased in March as 6,620 Missouri babies were born compared with 6,599 in March 1997. The birth rate, however, decreased from 13.9 to 13.5 per 1,000 population, because there was a longer reporting period in March 1998.

Cumulative births for the first quarter of 1998 show a decrease of 5.2 percent from 19,608 to 18,590. The birth rate decreased from 14.7 to 13.9 per 1,000 population for this time period.

Deaths increased slightly for all three periods shown below. For the 12 months ending with March, deaths increased by 1.6 percent from 54,159 to 55,039.

The **Natural increase** for Missouri in March was 1,182 (6,620 births minus 5,438 deaths). This compares to a natural increase of 1,584 for March 1997.

Marriages decreased for all three time periods shown below. **Dissolutions of marriage** decreased in March, but increased for the first quarter of 1998.

Infant deaths increased in March and January-March, but decreased for the 12 months ending with March. For the latter time period, the infant death rate decreased from 8.0 to 7.7 per 1,000 live births.

PROVISIONAL RESIDENT VITAL STATISTICS FOR THE STATE OF MISSOURI

	March				Jan. - March cumulative				12 months ending with March				
<u>Item</u>	<u>Number</u>		<u>Rate*</u>		<u>Number</u>		<u>Rate*</u>		<u>Number</u>		<u>Rate*</u>		
	<u>1997</u>	<u>1998</u>	<u>1997</u>	<u>1998</u>	<u>1997</u>	<u>1998</u>	<u>1997</u>	<u>1998</u>	<u>1997</u>	<u>1998</u>	<u>1996</u>	<u>1997</u>	<u>1998</u>
Live Births	6,599	6,620	13.9	13.5	19,608	18,590	14.7	13.9	73,443	73,563	13.7	13.7	13.6
Deaths	5,015	5,438	10.6	11.1	15,482	15,683	11.6	11.7	54,159	55,039	10.2	10.1	10.2
Natural increase	1,584	1,182	3.3	2.4	4,126	2,907	3.1	2.2	19,284	18,524	3.5	3.6	3.4
Marriages	2,743	2,458	5.8	5.0	8,279	7,850	6.2	5.9	45,632	43,156	8.4	8.5	8.0
Dissolutions	2,182	2,119	4.6	4.3	6,036	6,303	4.5	4.7	25,633	25,524	4.8	4.8	4.7
Infant deaths	53	59	8.0	8.9	165	166	8.4	8.9	591	569	7.4	8.0	7.7
Population base (in thousands)	...	...	5,402	5,440	...	...	5,402	5,440	...	...	5,335	5,373	5,411

*Rates for live births, deaths, natural increase, marriages and dissolutions are computed on the number per 1000 estimated population. The infant death rate is based on the number of infant deaths per 1000 live births. Rates are adjusted to account for varying lengths of monthly reporting periods.

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